



TEXAS NATURAL RESOURCE CONSERVATION COMMISSION
Municipal Solid Waste Division
Permits Section - MC 124
P.O. Box 13087
Austin, TX 78711-3087

NOTICE OF INTENT TO OPERATE A COMPOST FACILITY
TNRCC COMPOST FORM NO. 1

This form is required by 30 Texas Administrative Code §332.21, and must be submitted prior to operating a composting facility that is required to notify the TNRCC as set forth in 30 TAC Chapter 332. No other paperwork shall be required. The facility may begin operation thirty days following submittal of this form. Owners/operators are only required to meet the provisions set forth in §332.4 "General Requirements" and §332.22 "Operations Requiring Notification" of Chapter 332.

If you have any questions, please contact the Permits Section in the Municipal Solid Waste Division of TNRCC at (512) 239-6781.

Please send the form to

Municipal Solid Waste Division
Permits Section - MC 124
Texas Natural Resource Conservation Commission
P.O. Box 13087
Austin, Texas 78711-3087

Please type or print using black ink.

Name of Operator: _____

Name of Facility: _____

Mailing Address: _____

Telephone Number: (_____) _____
Area Code

Contact Person: _____

Title: _____

Site Location

1. Provide a city or county roadway map with the site shown and labeled (attach as an exhibit).

2. Provide the latitude and longitude of the entrance to the site.

North _____ degrees _____ minutes _____ seconds _____

West _____ degrees _____ minutes _____ seconds _____

3. Provide a description of how to get to the site from an intersection of two state roadways:

4. Provide as an attachment, a list of adjacent property owners and their mailing address.

5. Legal description of the property

Feedstock Information

Indicate which feedstocks will be used in the composting process:

- ☐ Meat ☐ Dead Animal Carcasses ☐ Other (describe) _____
- ☐ Fish ☐ Oils and Greases ☐ Other (describe) _____
- ☐ Dairy

Process Description (please provide enough detail to show pathogen reduction).

Property Owner Information

Name: _____

Address: _____

Telephone No.: (_____) _____

Area Code

Applicant's

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." [30 TAC §305.44(b)]

Signature of the Owner/Operator

Date

Printed Name

Title

Attachments